



NEW AGENCY APPLICATION

LAW ENFORCEMENT AGENCY:

Name: _____

Address: _____

County: _____

Chief Executive Officer: _____

Telephone: (____) _____

Number of full-time police officers: _____

Number of part-time police officers: _____

POLITICAL SUBDIVISION:

Chief Elected Officer: _____
(or Governing Body if there is no Chief Elected Officer)

Title: _____

Address: _____

Telephone: (____) _____

Desire to Participate

The _____ (name of agency) hereby expresses its desire to participate in the **Virginia Law Enforcement Accreditation Program** and affirms that it is committed to earning accreditation in accordance with the requirements set forth by the Virginia Law Enforcement Professional Standards Commission.

Signature

Date

Executive Approval

Approval is hereby given for the agency named above to participate in the **Virginia Law Enforcement Accreditation Program**.

Signature

Date

*(Chief Elected Officer or head of governing body if there is no elected officer. **Not applicable to Sheriff's Offices**)*

This form should be returned to:

Department of Criminal Justice Services
Accreditation Center
202 N. 9th Street, 10th floor
Richmond, VA 23219

A CHECK MADE PAYABLE TO THE VLEPSC FOR THE APPLICATION FEE OF \$250.00 MUST
ACCOMPANY THIS APPLICATION ALONG WITH THE AGENCY PARTICIPATION
AGREEMENT